

2009 Basketball "Fun"damentals

Kindergarten, 1st and 2nd Grades

at H.I.S. Thursdays

3:30 - 4:30 p.m.

Feb. 12, 26; Mar. 5, 12, 19, 26

at W.H.S. Tuesdays

3:30 - 4:30 p.m.

Feb. 10, 24; Mar. 3, 10, 17, 24



Registration Deadline: February 6

No Cost!

(Thanks to an anonymous donor)

Non-resident fee: \$10

*** **Free tee shirt** ***

Program Needs:

This program depends on Parent Volunteers. We really need **Coaches & Helpers**. Please check box below if you're willing to help. Thank you.

To Register:

Complete form below & mail to:

Town of Harpswell

Recreation Dept.

P.O. Box 39

Harpswell, ME 04079

Questions?

Call Gina Perow 833-5771 or

harpswellrec2@suscom-maine.net



-----PLEASE DETACH HERE-----

2009 Basketball "Fun"damentals

R4130

Child's Name _____

Boy ()

Girl ()

Age _____

Address _____

Zip _____

Grade (check one): ☐ K

☐ 1

☐ 2

School site for program (choose one): ☐ HIS

☐ WHS

Parent/Guardian Name _____

Phone (day) _____

Phone (eve) _____

Cell _____

Emergency contact #1 _____ Emergency contact #2 _____

Medical/emotional concerns and /or restrictions _____



☐ I am interested in coaching or helping

Photos & videos taken may be used for local publicity

Release from Liability In consideration of the permission granted to my child by the Harpswell Youth League to participate in the basketball games, practices and other activities during the Winter of 2009, I hereby release and discharge the Developmental Basketball, its agents and officers, M.S.A.D. 75 and Town of Harpswell from all actions, causes of action, damages, claims or demands which I, my heirs, executors administrators and assigns may have against the aforementioned parties, for all personal injuries, known or unknown, which my child has or may incur by participation in the above mentioned activities. I realize I must provide my own health/accident insurance for injuries that my child may sustain while participating in the above mentioned activities. I give the supervisor permission (in my absence) to obtain whatever medical treatment may be necessary in the event of injury.

Date _____ Signature _____ (parent or guardian)

RETURN COMPLETED FORM TO THE TOWN OFFICE (There is an after-hour dropbox to the right of the glass entrance)